

Fill in this information to identify your case and this filing:

Debtor 1	Ryan	Allen	Denham
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern District of Indiana</u>			
Case number <u>18-02561</u>			

U.S. BANKRUPTCY CT.  
SOUTHERN DISTRICT OF INDIANA  
2018 MAY -9 AM 10:24  
COURT OF BANKRUPTCY  
SOUTHERN DISTRICT OF INDIANA  
FILED  
RECEIVED  
MAY 9 2018  
CLERK'S OFFICE  
U.S. BANKRUPTCY CT.

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. 1008 N Main Street  
Street address, if available, or other description  
  
Tipton IN 46072  
City State ZIP Code

Tipton  
County

##### What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? 81,600 Current value of the portion you own? 40,800  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

##### Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

If you own or have more than one, list here:

1.2. 524 E Walnut Street  
Street address, if available, or other description  
  
Kokomo IN 46901  
City State ZIP Code

Howard  
County

##### What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? 18,400 Current value of the portion you own? 9,200  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

##### Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Debtor 1 **Ryan Allen Denham**  
 First Name Middle Name Last Name

Case number (if known) **18-02561**

1.3. Street address, if available, or other description  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**What is the property? Check all that apply.**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Check if this is community property (see instructions)**

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ **50,000**

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: **Ford**  
 Model: **F-250**  
 Year: **2001**  
 Approximate mileage: **344,000**

Other information:  
 \_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ **10,657** \$ **10,657**

**Check if this is community property (see instructions)**

If you own or have more than one, describe here:

3.2. Make: **Infiniti**  
 Model: **QX56**  
 Year: **2010**  
 Approximate mileage: **148,000**

Other information:  
 \_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ **12,114** \$ **12,114**

**Check if this is community property (see instructions)**

Debtor 1 Ryan  
 First Name Allen  
 Middle Name   
 Last Name Denham

Case number (if known) 18-02561

3.3. Make: Victory  
 Model: Octane  
 Year: 2017  
 Approximate mileage: 2,256

Other information:

--

**Who has an interest in the property? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**\$ 7,855 \$ 7,855

- Check if this is community property (see instructions)

3.4. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_

Other information:

--

**Who has an interest in the property? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

- Check if this is community property (see instructions)

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

4.1. Make: Sea King  
 Model: Unknown  
 Year: 1970

Other information:

--

**Who has an interest in the property? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**\$ 300 \$ 300

- Check if this is community property (see instructions)

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_

Other information:

--

**Who has an interest in the property? Check one.**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

- Check if this is community property (see instructions)

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here**\$ 30,926

Debtor 1      Ryan      Allen      Denham  
 First Name      Middle Name      Last Name

18-02561  
 Case number (if known)

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**

**Do not deduct secured claims or exemptions.**

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

Fridge, Microwave, Kitchen Table/Chairs, Couch/Loveseat, End Table, Bedroom Set, Child Bunk Bed/Mattresses.

\$ \_\_\_\_\_ 1,500

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

TV, iPhone 6, HP Desktop Computer, Printer

\$ \_\_\_\_\_ 800

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

\$ \_\_\_\_\_

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

\$ \_\_\_\_\_

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

(4) Children's Bicycles, Stroller, Carpentry Hand Tools, Various Automotive Tools/Toolbox.

\$ \_\_\_\_\_ 1000

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Everyday Clothes, Winter Coat, Steel Toe Boots, Sneakers.

\$ \_\_\_\_\_ 300

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Wedding Ring, Watch.

\$ \_\_\_\_\_ 350

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

\$ \_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information. ....

Skillsaw, Tablesaw, Auto Jumper-Pack, Air Compressor/Hose, Power Drill.

\$ \_\_\_\_\_ 500

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ \_\_\_\_\_ 4,450

Debtor 1      Ryan      Allen      Denham

First Name      Middle Name      Last Name

18-02561  
Case number (if known)

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes .....

Cash: ..... \$ \_\_\_\_\_ 44

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes .....

Institution name:

17.1. Checking account:	Capital One 360 Checking	\$ 0.39
17.2. Checking account:	Capital One 360 Savings	\$ 0
17.3. Savings account:	.....	\$ .....
17.4. Savings account:	.....	\$ .....
17.5. Certificates of deposit:	.....	\$ .....
17.6. Other financial account:	.....	\$ .....
17.7. Other financial account:	.....	\$ .....
17.8. Other financial account:	.....	\$ .....
17.9. Other financial account:	.....	\$ .....

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes .....

Institution or issuer name:

.....	\$ .....
.....	\$ .....
.....	\$ .....

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:	% of ownership:	
.....	0% %	\$ .....
.....	0% %	\$ .....
.....	0% %	\$ .....

Debtor 1      Ryan      Allen      Denham

First Name      Middle Name      Last Name

Case number (if known) 18-02561

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

---



---



---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

FCA Merrill Lynch 401K

\$ 1,760

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes .....

Institution name or individual:

Electric:

---

\$ \_\_\_\_\_

Gas:

---

\$ \_\_\_\_\_

Heating oil:

---

\$ \_\_\_\_\_

Security deposit on rental unit:

---

\$ \_\_\_\_\_

Prepaid rent:

---

\$ \_\_\_\_\_

Telephone:

---

\$ \_\_\_\_\_

Water:

---

\$ \_\_\_\_\_

Rented furniture:

---

\$ \_\_\_\_\_

Other:

---

\$ \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes .....

Issuer name and description:

---



---



---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Debtor 1      Ryan      Allen      Denham

First Name      Middle Name      Last Name

Case number (if known) 18-02561

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them.....

.....	\$ _____
-------	----------

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them.....

.....	\$ _____
-------	----------

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them.....

.....	\$ _____
-------	----------

**Money or property owed to you**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

.....	Federal: \$ _____
.....	State: \$ _____
.....	Local: \$ _____

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

.....	Alimony: \$ _____
.....	Maintenance: \$ _____
.....	Support: \$ _____
.....	Divorce settlement: \$ _____
.....	Property settlement: \$ _____

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

.....	\$ _____
-------	----------

Debtor 1      Ryan      Allen      Denham  
 First Name      Middle Name      Last Name

Case number (if known) 18-02561

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

---



---



---



---



---



---



---



---



---

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.....

---



---



---

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim. ....

---



---



---

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim. ....

---



---



---

**35. Any financial assets you did not already list** No Yes. Give specific information.....

---



---



---

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$ 1,804.39

---

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned** No Yes. Describe.....

---



---



---



---



---



---



---

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe.....

---



---



---



---



---



---



---

Debtor 1 **Ryan Allen Denham**

First Name Middle Name Last Name

**18-02561**  
Case number (if known)

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No Yes. Describe.....

	\$ _____
--	----------

**41. Inventory** No Yes. Describe.....

	\$ _____
--	----------

**42. Interests in partnerships or joint ventures** No Yes. Describe..... Name of entity:

% of ownership:

_____	% _____	\$ _____
_____	% _____	\$ _____
_____	% _____	\$ _____

**43. Customer lists, mailing lists, or other compilations** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$ _____
--	----------

**44. Any business-related property you did not already list** No Yes. Give specific information .....

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** →

	0 \$ _____
--	---------------

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

	\$ _____
--	----------

Debtor 1      Ryan      Allen      Denham

First Name      Middle Name      Last Name

18-02561  
Case number (if known)

## 48. Crops—either growing or harvested

- No
- Yes. Give specific information.....

\$ \_\_\_\_\_

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- No
- Yes.....

\$ \_\_\_\_\_

## 50. Farm and fishing supplies, chemicals, and feed

- No
- Yes.....

\$ \_\_\_\_\_

## 51. Any farm- and commercial fishing-related property you did not already list

- No
- Yes. Give specific information.....

\$ \_\_\_\_\_

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

→ \$ \_\_\_\_\_ 0

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
- Yes. Give specific information.....

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

## 54. Add the dollar value of all of your entries from Part 7. Write that number here

→ \$ \_\_\_\_\_ 0

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....	→ \$ 50,000
56. Part 2: Total vehicles, line 5 .....	\$ 30,926
57. Part 3: Total personal and household items, line 15 .....	\$ 4,450
58. Part 4: Total financial assets, line 36 .....	\$ 1,804.39
59. Part 5: Total business-related property, line 45 .....	\$ 0
60. Part 6: Total farm- and fishing-related property, line 52 .....	\$ 0
61. Part 7: Total other property not listed, line 54 .....	+\$ _____
62. Total personal property. Add lines 56 through 61. ....	\$ 37,180.39

Copy personal property total → + \$ 37,180.39

## 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$ 87,180.39

Fill in this information to identify your case:		
Debtor 1	Ryan	Allen
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Denham	Last Name
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: <u>Southern District of Indiana</u>		
Case number (if known)	18-02561	

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: <u>1008 N Main Street</u>	\$ <u>40,800</u>	<input checked="" type="checkbox"/> \$ <u>19,300</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>INDIANA CODE ANN.</u> <u>34-55-10-2(c)(1)</u>
Line from Schedule A/B: <u>1.1</u>			
Brief description: <u>Ford F-250</u>	\$ <u>10,657</u>	<input checked="" type="checkbox"/> \$ <u>10,000</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>INDIANA CODE ANN.</u> <u>34-55-10-2(c)(2)</u>
Line from Schedule A/B: <u>3.1</u>			
Brief description: <u>Household Goods</u>	\$ <u>1,500</u>	<input checked="" type="checkbox"/> \$ <u>250</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>INDIANA CODE ANN.</u> <u>34-55-10-2(c)(2)</u>
Line from Schedule A/B: <u>6</u>			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

**Ryan Allen Denham**  
Debtor 1 First Name Middle Name Last Name

**Case number (if known)** 18-02561

**Part 2: Additional Page**



Debtor 1      Ryan      Allen      Denham

18-02561  
Case number (if known)

**Additional Page**

**Part 1:** After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**2.3 Sierra Auto Finance**

Creditor's Name  
P.O. Box 204048

Number      Street

Dallas      TX      75320  
City      State      ZIP Code

Describe the property that secures the claim:

2010 Infiniti QX56

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion if any
Do not deduct the value of collateral.	\$ 29,377.92	\$ 12,114 \$ 17,263.92

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred 2016

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 5859

**2.4 Performance Finance**

Creditor's Name  
P.O. Box 5108

Number      Street

Oak Brook      IL      60523  
City      State      ZIP Code

Describe the property that secures the claim:

2017 Victory Octane

9,205	7,855	\$ 1,350
-------	-------	----------

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 4053

Creditor's Name

Describe the property that secures the claim: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number      Street

City      State      ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 38,582.92

If this is the last page of your form, add the dollar value totals from all pages.

\$ 38,582.92
\$ 99,282.86

Fill in this information to identify your case:

Debtor 1	Ryan	Allen	Denham
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>		
Case number (if known)	<u>18-02561</u>		

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.



Signature of Debtor 1

Signature of Debtor 2

Date 04/23/2018  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify your case:			
Debtor 1  Debtor 2 (Spouse, if filing)	Ryan First Name	Allen Middle Name	Denham Last Name
United States Bankruptcy Court for the: Southern District of Indiana			
Case number (if known)	18-02561		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

##### 1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

##### 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1 Indiana Department of Revenue

Priority Creditor's Name  
100 N Senate Avenue  
Number Street  
Rm. N-203 Bankruptcy  
Indianapolis IN 46204  
City State ZIP Code

Last 4 digits of account number 9405 \$ 941.12 \$ 941.12 \$

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

##### Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

2.2 Indiana Department of Revenue

Priority Creditor's Name  
100 N Senate Avenue  
Number Street  
Rm. N-203 Bankruptcy  
City State ZIP Code

Last 4 digits of account number 0954 \$ 5872.54 \$ 5872.54 \$

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

##### Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Debtor 1 Ryan  
 First Name   
 Middle Name   
 Last Name

DenhamCase number (if known) 18-02561**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

**2.1****Internal Revenue Service**

Priority Creditor's Name

**P.O. Box 7346**

Number Street

Last 4 digits of account number 0954\$ 8228.87\$ 8228.87\$ When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

## Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

Philadelphia PA 19101

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

**2.4****Internal Revenue Service**

Priority Creditor's Name

**P.O. Box 7346**

Number Street

Last 4 digits of account number CP504\$ 3467.77\$ 3467.77\$ When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

## Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

Philadelphia PA 19101

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

**2.4**

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

## Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 **American Financial**  
 Nonpriority Creditor's Name  
10333 N Meridian Street  
 Number Street  
Indianapolis IN 46290-1144  
 City State ZIP Code

Last 4 digits of account number 0954\$ 431When was the debt incurred? 2017**Total claim****As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

4.2 **Americollect Inc**  
 Nonpriority Creditor's Name  
P.O. Box 2080  
 Number Street  
Manitowoc WI 54221-2080  
 City State ZIP Code

Last 4 digits of account number 0954\$ 390When was the debt incurred? 2017**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

4.3 **Atlas Collections**  
 Nonpriority Creditor's Name  
7701 W Kilgore Ave  
 Number Street  
Yorktown IN 47396  
 City State ZIP Code

Last 4 digits of account number 6786\$ 571.47When was the debt incurred? 2011**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.4** Bank of America  
 Nonpriority Creditor's Name  
P.O. Box 25118  
 Number Street  
Tampa FL 33622  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 0139\$ 7075.86When was the debt incurred? 2009

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

**4.5** Ben Myers  
 Nonpriority Creditor's Name  
1417 Stoneripple Cir  
 Number Street  
Lafayette IN 47909  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 2983\$ 2103.50When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Business

**4.6** Benefit Connect  
 Nonpriority Creditor's Name  
P.O. Box 5839  
 Number Street  
Hopkins MN 55343  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 0954\$ 1606When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.7****Braas Company**

Nonpriority Creditor's Name

**7970 Wallace Road**

Number Street

**Eden Prairie**State **MN**ZIP Code **55344**

City

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 8197\$ 27340.66When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Business

**4.8****Broadway Dental**

Nonpriority Creditor's Name

**4027 S LaFountain Street**

Number Street

**Kokomo**State **IN**ZIP Code **46902**

City

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 0954\$ 3200When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

**4.9****Bull City**

Nonpriority Creditor's Name

**1107 W Main Street**

Number Street

**Durham**State **NC**ZIP Code **27701**

City

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 0954\$ 1102When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5	Capital One Nonpriority Creditor's Name P.O. Box 30285 Number Street Salt Lake City UT 84130 City State ZIP Code	Last 4 digits of account number 3955 \$ 567
---	---	---

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

5.1

Comcast Nonpriority Creditor's Name 4225 East 82nd Street Number Street Indianapolis IN 46250 City State ZIP Code	Last 4 digits of account number 6785 \$ 467
--	---

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

5.2

Comenity Bank Nonpriority Creditor's Name P.O. Box 182273 Number Street Columbus OH 43218 City State ZIP Code	Last 4 digits of account number 8302 \$ 713
--	---

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

Debtor 1 Ryan      Allen      Denham  
 First Name      Middle Name      Last Name

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>5.6</b> <b>Convergent Outsourcing</b> <small>Nonpriority Creditor's Name</small> <u>10750 Hammerly Blvd</u> <small>Number Street</small> <u>Houston</u> <u>TX</u> <u>77043</u> <small>City</small> <small>State</small> <small>ZIP Code</small>	Last 4 digits of account number <u>6232</u> \$ <u>340.81</u> When was the debt incurred? <u>2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>5.7</b> <b>Credit Collection Services</b> <small>Nonpriority Creditor's Name</small> <u>725 Canton Street</u> <small>Number Street</small> <u>Norwood</u> <u>MA</u> <u>02062</u> <small>City</small> <small>State</small> <small>ZIP Code</small>	
Last 4 digits of account number <u>0954</u> \$ <u>298</u> When was the debt incurred? <u>2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>5.8</b> <b>Credit One Bank</b> <small>Nonpriority Creditor's Name</small> <u>P.O. Box 60500</u> <small>Number Street</small> <u>City of Industry</u> <u>CA</u> <u>91716</u> <small>City</small> <small>State</small> <small>ZIP Code</small>	
Last 4 digits of account number <u>1541</u> \$ <u>414.36</u> When was the debt incurred? <u>2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****5.9****Delta Dental**

Nonpriority Creditor's Name

**16230 Collection Center Drive**

Number	Street	
<b>Chicago</b>	<b>IL</b>	<b>60693</b>
City	State	ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 3035\$ 153.74When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

**6****Digi-Key**

Nonpriority Creditor's Name

**701 Brooks Ave South**

Number	Street	
<b>Thief River Falls</b>	<b>MN</b>	<b>56701</b>
City	State	ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 6066\$ 1225.66When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Business

**6.1****Discover**

Nonpriority Creditor's Name

**P.O. Box 30938**

Number	Street	
<b>Salt Lake City</b>	<b>UT</b>	<b>84130</b>
City	State	ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 6189\$ 2042When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

Debtor 1 Ryan      Allen      Denham      Case number (if known) 18-02561

First Name      Middle Name      Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>6.2</b> <b>Duke Energy</b> Nonpriority Creditor's Name <u>P.O. Box 1327</u> Number      Street <u>Charlotte</u> NC <u>28201</u> City      State      ZIP Code	Last 4 digits of account number <u>7542</u> \$ <u>563.91</u> When was the debt incurred? <u>2012</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>6.3</b> <b>ERS Solutions</b> Nonpriority Creditor's Name <u>10750 Hammerly Blvd</u> Number      Street <u>Houston</u> TX <u>77043</u> City      State      ZIP Code	
Last 4 digits of account number <u>6232</u> \$ <u>340.81</u> When was the debt incurred? <u>2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>6.4</b> <b>Esurance</b> Nonpriority Creditor's Name <u>P.O. Box 5250</u> Number      Street <u>Sioux Falls</u> SD <u>57117</u> City      State      ZIP Code	
Last 4 digits of account number <u>0954</u> \$ <u>339</u> When was the debt incurred? <u>2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Ryan  
 First Name Allen  
 Middle Name   
 Last Name Denham

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**6.5****FCA**

Nonpriority Creditor's Name

P.O. Box 772810

Number Street

ChicagoState ILZIP Code 60677

City

Debtor 1 Ryan  
 First Name Allen  
 Middle Name   
 Last Name Denham

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>6.8</b> <u>Florida Power and Light</u> <small>Nonpriority Creditor's Name</small> <u>General Mail Facility</u> <small>Number Street</small> <u>Miami</u> <u>FL</u> <u>33188</u> <small>City</small>	<small>Last 4 digits of account number</small> <u>5261</u> <small>\$</small> <u>927.64</u> <small>When was the debt incurred?</small> <u>2008</u> <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>6.9</b> <u>Geico Insurance</u> <small>Nonpriority Creditor's Name</small> <u>P.O. Box 9105</u> <small>Number Street</small> <u>Macon</u> <u>GA</u> <u>31208</u> <small>City</small>	
<small>Last 4 digits of account number</small> <u>6360</u> <small>\$</small> <u>151.34</u> <small>When was the debt incurred?</small> <u>2015</u> <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>7</b> <u>Goodman Campbell Brain and Spine</u> <small>Nonpriority Creditor's Name</small> <u>8333 Naab Road</u> <small>Number Street</small> <u>Indianapolis</u> <u>IN</u> <u>46260</u> <small>City</small>	
<small>Last 4 digits of account number</small> <u>3545</u> <small>\$</small> <u>1636</u> <small>When was the debt incurred?</small> <u>2017</u> <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Ryan  
 First Name Allen  
 Middle Name   
 Last Name Denham

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>7.1</b> <u>Gove Dentistry</u> <small>Nonpriority Creditor's Name</small> <u>14660 Herriman Blvd</u> <small>Number Street</small> <u>Noblesville</u> <u>IN</u> <u>46060</u> <small>City</small> <small>State</small> <small>ZIP Code</small>	<small>Last 4 digits of account number</small> <u>5096</u> <small>\$</small> <u>258</u> <small>When was the debt incurred?</small> <u>2016</u> <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>7.2</b> <u>Grainger</u> <small>Nonpriority Creditor's Name</small> <u>401 S Wright Road</u> <small>Number Street</small> <u>Janesville</u> <u>WI</u> <u>53546</u> <small>City</small> <small>State</small> <small>ZIP Code</small>	
<small>Last 4 digits of account number</small> <u>2447</u> <small>\$</small> <u>1042.42</u> <small>When was the debt incurred?</small> <u>2017</u> <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business</u>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>7.3</b> <u>Hamilton Heights School Corp</u> <small>Nonpriority Creditor's Name</small> <u>410 W Main Street</u> <small>Number Street</small> <u>Arcadia</u> <u>IN</u> <u>46030</u> <small>City</small> <small>State</small> <small>ZIP Code</small>	
<small>Last 4 digits of account number</small> <u>0954</u> <small>\$</small> <u>598</u> <small>When was the debt incurred?</small> <u>2017</u> <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Ryan  
 First Name Allen  
 Middle Name Denham  
 Last Name

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>7.4</b> <u>Harris &amp; Harris Ltd</u> <small>Nonpriority Creditor's Name</small> <u>111 West Jackson Blvd</u> <small>Number Street</small> <u>Chicago</u> <u>IL</u> <u>60604</u> <small>City                         State                       ZIP Code</small>	<small>Last 4 digits of account number</small> <u>2905</u> <small>\$</small> <u>9107.06</u> <small>When was the debt incurred?</small> <u>2016</u> <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>7.5</b> <u>Herbert E Orr Company</u> <small>Nonpriority Creditor's Name</small> <u>335 W Wall Street</u> <small>Number Street</small> <u>Paulding</u> <u>OH</u> <u>45879</u> <small>City                         State                       ZIP Code</small>	
<small>Last 4 digits of account number</small> <u>0000</u> <small>\$</small> <u>1,000</u> <small>When was the debt incurred?</small> <u>2017</u> <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business</u>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>7.6</b> <u>Howard Regional Health Sys</u> <small>Nonpriority Creditor's Name</small> <u>3500 S LaFountain Street</u> <small>Number Street</small> <u>Kokomo</u> <u>IN</u> <u>46902</u> <small>City                         State                       ZIP Code</small>	
<small>Last 4 digits of account number</small> <u>0954</u> <small>\$</small> <u>89</u> <small>When was the debt incurred?</small> <u>2014</u> <small>As of the date you file, the claim is:</small> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <small>Type of NONPRIORITY unsecured claim:</small> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Ryan  
 First Name Allen  
 Middle Name   
 Last Name Denham

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**7.7****IMC Credit Services**

Nonpriority Creditor's Name

**6955 Hillsdale Ct**

Number Street

**Indianapolis**

IN

**46250**

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 5235\$ 4159.33When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

**7.8****Indiana Spine Group**

Nonpriority Creditor's Name

**13225 N Meridian Street**

Number Street

**Carmel**

IN

**46032**

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 7276\$ 1869.62When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

**7.9****Indiana Spine Group**

Nonpriority Creditor's Name

**P.O. Box 1788**

Number Street

**Warsaw**

IN

**46581**

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 0954\$ 493When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

8	<b>Indiana Univ Hlth Care Assoc</b> Nonpriority Creditor's Name <b>429 N Pennsylvania Street</b> Number Street <b>Indianapolis</b> IN <b>46204</b> City State ZIP Code	Last 4 digits of account number <u>6849</u> \$ <u>965.90</u>
---	---	--

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

8.1	<b>Indiana University Health</b> Nonpriority Creditor's Name <b>250 N Shadeland Avenue</b> Number Street <b>Indianapolis</b> IN <b>46219</b> City State ZIP Code	Last 4 digits of account number <u>3376</u> \$ <u>2666.14</u>
-----	---	---

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

8.2	<b>Indiana University Health Phys</b> Nonpriority Creditor's Name <b>250 Shadeland Avenue</b> Number Street <b>Indianapolis</b> IN <b>46219</b> City State ZIP Code	Last 4 digits of account number <u>0954</u> \$ <u>804.65</u>
-----	--	--

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Debtor 1 Ryan  
First Name  
Middle Name  
Last Name

Denham

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>8.3</b> <u>Indiana University Kokomo Bursar</u> Nonpriority Creditor's Name <u>2300 S LaFountain Street</u> <hr/> Number      Street <u>Kokomo</u> <u>IN</u> <u>46902</u> City              State      ZIP Code	Last 4 digits of account number <u>0954</u> \$ <u>5861.44</u> When was the debt incurred? <u>2003</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>8.4</b> <u>Indiana University Radiology</u> Nonpriority Creditor's Name <hr/> Number      Street City              State      ZIP Code	
Last 4 digits of account number <u>0954</u> \$ <u>1044</u> When was the debt incurred? <u>2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>8.5</b> <u>Ivy Tech Community College</u> Nonpriority Creditor's Name <u>9301 W 59th Street</u> <hr/> Number      Street <u>Indianapolis</u> <u>IN</u> <u>46216</u> City              State      ZIP Code	
Last 4 digits of account number <u>0954</u> \$ <u>2544</u> When was the debt incurred? <u>2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Ryan  
First Name  
Middle Name  
Last Name

DenhamCase number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****8.6****Jefferson Capital Systems LLC**

Nonpriority Creditor's Name

P.O. Box 7999

Number	Street	<u>MN</u>	<u>56302</u>
<u>Saint Cloud</u>			
City	State	ZIP Code	

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 4694\$ 468.41When was the debt incurred? 2008

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

**8.7****Kirby Risk**

Nonpriority Creditor's Name

1815 Sagamore Parkway North

Number	Street	<u>IN</u>	<u>47903</u>
<u>Lafayette</u>			
City	State	ZIP Code	

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 6749\$ 8369.89When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Business

**8.8****Kluth Family Dentistry**

Nonpriority Creditor's Name

16000 Prosperity Drive

Number	Street	<u>IN</u>	<u>46060</u>
<u>Noblesville</u>			
City	State	ZIP Code	

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 0954\$ 2837When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

Debtor 1 Ryan  
First Name  
Middle Name  
Last Name

Denham

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**8.9****Kyle Long**

Nonpriority Creditor's Name

**1063 Voyager Way**

Number Street

**Lafayette IN 47909**

City

State

ZIP Code

Last 4 digits of account number 1710\$ 18439.31When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Business

**9****Liberty Mutual Insurance**

Nonpriority Creditor's Name

**175 Berkley Street**

Number Street

**Boston MA 02116**

City

State

ZIP Code

Last 4 digits of account number 0954\$ 917When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

**9.1****Michael L. Starzec**

Nonpriority Creditor's Name

**661 Glenn Avenue**

Number Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Last 4 digits of account number 0139\$ 7075.86When was the debt incurred? 2009

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal/Dup BOA

Debtor 1 Ryan  
 First Name Allen  
 Middle Name   
 Last Name Denham

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**\$ 602.88**9.2****Midland MCM**

Nonpriority Creditor's Name

**2365 Northside Drive**Number  Street **San Diego** CA **92108**City  State CA ZIP Code 92108**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 8896\$ 602.88When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

**9.3****New World Collections**

Nonpriority Creditor's Name

**9000 Keystone Crossing**Number  Street   
**Indianapolis** IN **46240**City  State IN ZIP Code 46240**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 5408\$ 148.53When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

**9.4****Newark Element14**

Nonpriority Creditor's Name

**33190 Collection Center Drive**Number  Street   
 City  State  ZIP Code **Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 8584\$ 917When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Business

Debtor 1 Ryan  
 First Name  
 Middle Name  
 Last Name

Denham

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**9.5** North Meridian Surgery Center  
 Nonpriority Creditor's Name  
P.O. Box 2018  
 Number Street  
Warsaw IN 46581  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 2067\$ 689.38When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

**9.6** Northwest Radiology Network  
 Nonpriority Creditor's Name  
5901 Technology Drive  
 Number Street  
Indianapolis IN 46278  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 0225\$ 47.61When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

**9.7** Ortho Indy  
 Nonpriority Creditor's Name  
8400 Harcourt Rd  
 Number Street  
Indianapolis IN 46260  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 4485\$ 2807When was the debt incurred? 2007

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

Debtor 1 Ryan      Allen      Denham      Case number (*if known*) 18-02561

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

9.8	Premiere Credit of N.A. Nonpriority Creditor's Name  P.O. Box 19309 Number Street Indianapolis      IN      46219 City                  State                  ZIP Code	Last 4 digits of account number <u>0954</u> \$ <u>902</u>
-----	---	---

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Personal

9.9	Progressive Insurance Nonpriority Creditor's Name  6300 Wilson Mills Road Number Street Mayfield Village      OH      44143 City                  State                  ZIP Code	Last 4 digits of account number <u>6218</u> \$ <u>422.98</u>
-----	---	--

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Personal

10	RJM Aquisitions LLC Nonpriority Creditor's Name  575 Underhill Blvd Number Street Syosset      NY      11791 City                  State                  ZIP Code	Last 4 digits of account number <u>4694</u> \$ <u>2807</u>
----	--	--

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? 2011

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Personal

Debtor 1 Ryan Debtor 2 Allen Debtor 3 Denham  
 First Name Middle Name Last Name Case number (if known) 18-02561

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**10+** Richard Avis  
 Nonpriority Creditor's Name  
P.O. Box 31579  
 Number Street  
Chicago IL 60631  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 0954\$ 1176When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

**10+** Riverview Health  
 Nonpriority Creditor's Name  
P.O. Box 775221  
 Number Street  
Chicago IL 60677  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 9460\$ 8805.39When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

**10+** Safe Auto  
 Nonpriority Creditor's Name  
4 Easton Oval  
 Number Street  
Cincinnati OH 45250  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 0954\$ 439When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**1+** Sarah Denham  
 Nonpriority Creditor's Name  
1008 N Main Street  
 Number Street  
Tipton IN 46072  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 0954\$ 24990.30When was the debt incurred? 2018

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

**1+** Sarasota Memorial Health  
 Nonpriority Creditor's Name  
1700 S Tamiami Trail  
 Number Street  
Sarasota FL 34239  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number 7999\$ 1767.50When was the debt incurred? 2008

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical

**1+** Self Storage & Property Mgmt  
 Nonpriority Creditor's Name  
47 W Jackson Street  
 Number Street  
Cicero IN 46034  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number TOW2\$ 1850When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Business

Debtor 1 **Ryan Allen Denham**  
 First Name Middle Name Last Name

Case number (if known) **18-02561****Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**10** **Small Business Bank**  
 Nonpriority Creditor's Name  
**13423 W 92nd Street**  
 Number Street  
**Lenexa KS 66215**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number **5291**\$ **99.89**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Business**

**10** **St. Vincent Health**  
 Nonpriority Creditor's Name  
**13500 North Meridian Street**  
 Number Street  
**Carmel IN 46032**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number **0954**\$ **412**When was the debt incurred? **2014**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical**

**10** **Statewide Credit Association**  
 Nonpriority Creditor's Name  
**6957 Hillsdale Court**  
 Number Street  
**Indianapolis IN 46250**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number **0954**\$ **484**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Personal**

Debtor 1 Ryan  
 First Name  
Allen  
 Middle Name  
Denham  
 Last Name

Case number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

11	<b>Sustainable Supply</b> Nonpriority Creditor's Name <b>11586 Colony Row</b> Number Street <b>Broomfield</b> CO <b>80021</b> City State ZIP Code	Last 4 digits of account number <u>4585</u> \$ <u>382</u>
----	--	---

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

- No  
 Yes

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Business

11	<b>TDS</b> Nonpriority Creditor's Name <b>P.O. Box 608</b> Number Street <b>Lancaster</b> WI <b>53813</b> City State ZIP Code	Last 4 digits of account number <u>0954</u> \$ <u>468</u>
----	--	---

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

- No  
 Yes

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Personal

11	<b>TDS</b> Nonpriority Creditor's Name <b>P.O. Box 94510</b> Number Street <b>Palastine</b> IL <b>60094</b> City State ZIP Code	Last 4 digits of account number <u>2853</u> \$ <u>700.76</u>
----	--	--

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

- No  
 Yes

**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Business

Debtor 1 Ryan  
First Name  
Middle Name  
Last Name

DenhamCase number (if known) 18-02561**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>11</b> <b>The General</b> Nonpriority Creditor's Name <u>2636 Elm Hill Pike</u> Number Street <u>Nashville</u> <u>TN</u> <u>37214</u> City                  State                  ZIP Code	Last 4 digits of account number <u>0954</u> \$ <u>384</u> When was the debt incurred? <u>2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>11</b> <b>Tipton Hospital</b> Nonpriority Creditor's Name <u>1000 S Main Street</u> Number Street <u>Tipton</u> <u>IN</u> <u>46072</u> City                  State                  ZIP Code	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>11</b> <b>Tipton Municipal Utilities</b> Nonpriority Creditor's Name <u>210 S Main Street</u> Number Street <u>Tipton</u> <u>IN</u> <u>46072</u> City                  State                  ZIP Code	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>4585</u> \$ <u>382</u> When was the debt incurred? <u>2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	
Last 4 digits of account number <u>1008</u> \$ <u>1314.91</u> When was the debt incurred? <u>2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal</u>	

Debtor 1 Ryan      Allen      Denham      Case number (if known) 18-02561

First Name      Middle Name      Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**11+** Urology of Indiana  
 Nonpriority Creditor's Name  
P.O. Box 6069  
 Number Street  
Indianapolis      IN      46206  
 City      State      ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 7845

\$ 131.70

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical

**11+** Vectren  
 Nonpriority Creditor's Name  
P.O. Box 6248  
 Number Street  
Indianapolis      IN      46206  
 City      State      ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 0954

\$ 770

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Personal

**11+** W.W. Grainger  
 Nonpriority Creditor's Name  
9210 Corporation Dr  
 Number Street  
Indianapolis      IN      46256  
 City      State      ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 2447

\$ 1042.02

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Business

Debtor 1 Ryan Allen Denham

Case number (if known) 18-02561

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Premiere Credit of N.A.

Name  
P.O. Box 19309  
Number Street

City Indianapolis State IN ZIP Code 46219

Name  
Michael L. Starzec

Name  
Blitt and Gaines, P.C.  
Number Street  
661 Glenn Ave

City Wheeling State IL ZIP Code 60090

Commercial Collectors

Name  
P.O. Box 337  
Number Street

City Montrose State MN ZIP Code 55363

Name  
Bull City

Name  
1107 W Main Street  
Number Street  
Ste. 201

City Durham State NC ZIP Code 27701

Credit Collection Services

Name  
725 Canton Street  
Number Street

City Norwood State MA ZIP Code 02062

Name  
Americollect

Name  
P.O. Box 1566  
Number Street

City Manitowoc State WI ZIP Code 54221

Statewide Credit Association

Name  
6957 Hillsdale Court  
Number Street

City Indianapolis State IN ZIP Code 46250

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9405

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0139

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8197

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 6.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7542

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 6.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6360

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 7.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7276

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 9.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2067

Debtor 1 **Ryan Allen Denham**  
 First Name Middle Name Last Name

Case number (if known) 18-02561**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
 Add the amounts for each type of unsecured claim.

		<b>Total claim</b>
<b>Total claims from Part 1</b>	<b>6a. Domestic support obligations</b>	6a. \$ <u>0</u>
	<b>6b. Taxes and certain other debts you owe the government</b>	6b. \$ <u>18,510.30</u>
	<b>6c. Claims for death or personal injury while you were intoxicated</b>	6c. \$ <u>0</u>
	<b>6d. Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0</u>
	<b>6e. Total.</b> Add lines 6a through 6d.	6e. \$ <u>18,510.30</u>

		<b>Total claim</b>
<b>Total claims from Part 2</b>	<b>6f. Student loans</b>	6f. \$ <u>0</u>
	<b>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ <u>0</u>
	<b>6h. Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ <u>0</u>
	<b>6i. Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>182,245.73</u>
	<b>6j. Total.</b> Add lines 6f through 6i.	6j. \$ <u>182,245.73</u>

Fill in this information to identify your case:

Debtor	Ryan	Allen	Denham
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern District of Indiana</u>			
Case number (If known)	18-02561		

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

#### Person or company with whom you have the contract or lease

#### State what the contract or lease is for

2.1	Vinod Gupta			Land Contract 1008 N Main Street Tipton, IN 46072
	Name 17962 Foxborough Lane	Number Boca Raton	Street FL	ZIP Code 33496
	City	State	ZIP Code	
2.2	Rolland T. Long			Land Contract 524 E Walnut Street Kokomo, IN 46901
	Name 2228 1/2 West 8th Street	Number Anderson	Street IN	ZIP Code 46016
	City	State	ZIP Code	
2.3	Sierra Auto Finance			2010 Infiniti QX56
	Name P.O. Box 204048	Number Dallas	Street TX	ZIP Code 75320
	City	State	ZIP Code	
2.4	Performance Finance			2017 Victory Octane
	Name P.O. Box 5108	Number Oak Brook	Street IL	ZIP Code 60523
	City	State	ZIP Code	
2.5	Name Number Street City State ZIP Code			

Fill in this information to identify your case:

Debtor 1 First Name	Ryan	Middle Name	Allen	Last Name	Denham
Debtor 2 (Spouse, if filing) First Name		Middle Name		Last Name	
United States Bankruptcy Court for the: <u>Southern District of Indiana</u>					
Case number (if known)	<u>18-02561</u>				

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.1

Sarah Denham

Name  
1008 N Main Street

Number Street  
Tipton IN 46072

City State ZIP Code \_\_\_\_\_

3.2

Sarah Denham

Name  
1008 N Main Street

Number Street  
Tipton IN 46072

City State ZIP Code \_\_\_\_\_

3.3

Sarah Denham

Name  
1008 N Main Street

Number Street  
Tipton IN 46072

City State ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 First Name	Ryan	Middle Name	Allen	Last Name	Denham
Debtor 2 (Spouse, if filing) First Name		Middle Name		Last Name	
United States Bankruptcy Court for the: <u>Southern District of Indiana</u>					
Case number (if known)	<u>18-02561</u>				

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
 MM / DD / YYYY

Official Form 106I

12/15

## Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

#### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- Employed  
 Not employed

Debtor 2 or non-filing spouse

- Employed  
 Not employed

Occupation

Maintenance Supervisor

Homemaker

Employer's name

FCA

Employer's address

5880 W 200 S

Number Street

Number Street

Tipton IN 46072

City State ZIP Code

City State ZIP Code

How long employed there? 2.5 Years

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1                          For Debtor 2 or  
non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,832.83                          \$ 0

3. Estimate and list monthly overtime pay.

3. + \$ 0                          + \$ 0

4. Calculate gross income. Add line 2 + line 3.

4. \$ 3,832.83                          \$ 0

Debtor 1 **Ryan Allen Denham**  
 First Name Middle Name Last Name

Case number (if known) **18-02561**

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here.....</b>	→ 4. \$ <u>3,832.83</u>	\$ <u>0</u>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>123.80</u>	\$ <u>0</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0</u>	\$ <u>0</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0</u>	\$ <u>0</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0</u>	\$ <u>0</u>
5e. Insurance	5e. \$ <u>0</u>	\$ <u>0</u>
5f. Domestic support obligations	5f. \$ <u>0</u>	\$ <u>0</u>
5g. Union dues	5g. \$ <u>0</u>	\$ <u>0</u>
5h. Other deductions. Specify: _____	5h. + \$ <u>0</u>	+ \$ <u>0</u>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>123.80</u>	\$ <u>0</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <u>3,709.03</u>	\$ <u>0</u>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0</u>	\$ <u>0</u>
8b. Interest and dividends	8b. \$ <u>0</u>	\$ <u>0</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0</u>	\$ <u>0</u>
8d. Unemployment compensation	8d. \$ <u>0</u>	\$ <u>0</u>
8e. Social Security	8e. \$ <u>0</u>	\$ <u>0</u>
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8f. \$ <u>0</u>	\$ <u>0</u>
Specify: _____	8f. \$ <u>0</u>	\$ <u>0</u>
8g. Pension or retirement income	8g. \$ <u>0</u>	\$ <u>0</u>
8h. Other monthly income. Specify: _____	8h. + \$ <u>0</u>	+\$ <u>0</u>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>3,709.03</u>	\$ <u>0</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>3,709.03</u>	+ \$ <u>0</u> = \$ <u>3,709.03</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ <u>0</u>	\$ <u>0</u>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		
	12. \$ <u>3,709.03</u>	Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <b>I expect to cease disability and return to work.</b>		

Fill in this information to identify your case:		
Debtor 1	Ryan	Allen
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Denham	Last Name
United States Bankruptcy Court for the: <u>Southern District of Indiana</u>		
Case number (if known)	18-02561	

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J****Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

	<input type="checkbox"/> No	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	Daughter	15	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		Daughter	12	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		Daughter	9	<input type="checkbox"/> No <input type="checkbox"/> Yes
		Daughter	7	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		Daughter	2	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- No  
 Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

Your expenses	
4.	\$ 650.30
4a.	\$ 145.00
4b.	\$ 0
4c.	\$ 30.00
4d.	\$ 0

Debtor 1 Ryan Allen Denham Case number (if known) 18-02561

		<b>Your expenses</b>
<b>5.</b>	<b>Additional mortgage payments for your residence, such as home equity loans</b>	5. \$ <u>0</u>
<b>6.</b>	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	6a. \$ <u>600.00</u>
6b.	Water, sewer, garbage collection	6b. \$ <u>85.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>360.00</u>
6d.	Other. Specify: _____	6d. \$ _____
<b>7.</b>	<b>Food and housekeeping supplies</b>	7. \$ <u>1,600.00</u>
<b>8.</b>	<b>Childcare and children's education costs</b>	8. \$ <u>40.00</u>
<b>9.</b>	<b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>100.00</u>
<b>10.</b>	<b>Personal care products and services</b>	10. \$ <u>150.00</u>
<b>11.</b>	<b>Medical and dental expenses</b>	11. \$ <u>140.00</u>
<b>12.</b>	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>400.00</u>
<b>13.</b>	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>75.00</u>
<b>14.</b>	<b>Charitable contributions and religious donations</b>	14. \$ <u>0</u>
<b>15.</b>	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. \$ <u>0</u>
15b.	Health insurance	15b. \$ <u>0</u>
15c.	Vehicle insurance	15c. \$ <u>300.00</u>
15d.	Other insurance. Specify: _____	15d. \$ _____
<b>16.</b>	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0</u>
<b>17.</b>	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	17a. \$ <u>650.30</u>
17b.	Car payments for Vehicle 2	17b. \$ <u>286.00</u>
17c.	Other. Specify: _____	17c. \$ <u>0</u>
17d.	Other. Specify: _____	17d. \$ <u>0</u>
<b>18.</b>	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0</u>
<b>19.</b>	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0</u>
<b>20.</b>	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	20a. \$ <u>0</u>
20b.	Real estate taxes	20b. \$ <u>0</u>
20c.	Property, homeowner's, or renter's insurance	20c. \$ <u>0</u>
20d.	Maintenance, repair, and upkeep expenses	20d. \$ <u>0</u>
20e.	Homeowner's association or condominium dues	20e. \$ <u>0</u>

Debtor 1 Ryan Allen Denham Case number (if known) 18-02561

First Name Middle Name Last Name

21. Other. Specify: \_\_\_\_\_ 21. +\$ \_\_\_\_\_ 0

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a.	\$ _____	5,611.30
22b.	\$ _____	0
22c.	\$ _____	5,611.30

**23. Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ \_\_\_\_\_ 3,709.03

23b. Copy your monthly expenses from line 22c above.

23b. -\$ \_\_\_\_\_ 5,611.30

23c. Subtract your monthly expenses from your monthly income.

23c. \$ \_\_\_\_\_ -1,903.27

The result is your *monthly net income*.

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: I expect to cease disability and return to work and will seek a more economical vehicle loan which may decrease the vehicle payment. I am also considering surrendering the house and in that case will have an increased house payment for a new home.

Fill in this information to identify your case:		
Debtor 1	Ryan	Allen
	First Name	Middle Name
	Denham Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Southern District of Indiana		
Case number (if known)	18-02561	

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived thereDates Debtor 2  
lived there Same as Debtor 1 Same as Debtor 1Number Street  

---

---

From \_\_\_\_\_  
To \_\_\_\_\_Number Street  

---

---

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

 Same as Debtor 1 Same as Debtor 1Number Street  

---

---

From \_\_\_\_\_  
To \_\_\_\_\_Number Street  

---

---

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:**

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>\$ 15,219.82</b>	<b>\$ _____</b>

**For last calendar year:**

(January 1 to December 31, 2016 YYYY)

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>\$ 101,446.99</b>	<b>\$ _____</b>

**For the calendar year before that:**

(January 1 to December 31, 2017 YYYY)

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>\$ 116,212</b>	<b>\$ _____</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:**

Debtor 1	Debtor 2
Sources of income Describe below.	Sources of income Describe below.
<u> </u> \$ <u> </u> \$ <u> </u> <u> </u> \$ <u> </u> \$ <u> </u> <u> </u> \$ <u> </u> \$ <u> </u>	<u> </u> \$ <u> </u> \$ <u> </u> <u> </u> \$ <u> </u> \$ <u> </u> <u> </u> \$ <u> </u> \$ <u> </u>

**For last calendar year:**

(January 1 to December 31, 2016 YYYY)

<u> </u> \$ <u> </u> \$ <u> </u> <u> </u> \$ <u> </u> \$ <u> </u> <u> </u> \$ <u> </u> \$ <u> </u>

**For the calendar year before that:**

(January 1 to December 31, 2017 YYYY)

<u> </u> \$ <u> </u> \$ <u> </u> <u> </u> \$ <u> </u> \$ <u> </u> <u> </u> \$ <u> </u> \$ <u> </u>

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known)

18-02561**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Number Street		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
City State ZIP Code				
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____ _____	Court Name _____ _____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	Number Street _____ City _____ State _____ ZIP Code _____	
Case title _____ _____ _____	Court Name _____ _____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	Number Street _____ City _____ State _____ ZIP Code _____	

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____ _____ _____	_____	\$ _____
Number Street _____ _____ _____	<b>Explain what happened</b>	
City _____ State _____ ZIP Code _____	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
Describe the property		Date
Creditor's Name _____ _____ _____		Value of the property
Number Street _____ _____ _____		\$ _____
<b>Explain what happened</b>		
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No  
 Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			
Number	Street		\$ _____
City	State	ZIP Code	Last 4 digits of account number: XXXX-_____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?** No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$ _____
			\$ _____
Number Street			
City	State	ZIP Code	

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?** No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		
			\$ _____

**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street			\$ _____
			\$ _____
City	State	ZIP Code	
Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid	_____	\$ _____
Number Street _____	_____	\$ _____
City _____ State _____ ZIP Code _____		
Email or website address _____		
Person Who Made the Payment, if Not You		

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid	_____	\$ _____
Number Street _____	_____	\$ _____
City _____ State _____ ZIP Code _____	_____	\$ _____

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer	_____	_____
Number Street _____	_____	_____
City _____ State _____ ZIP Code _____	_____	_____
Person's relationship to you _____	_____	_____
Person Who Received Transfer	_____	_____
Number Street _____	_____	_____
City _____ State _____ ZIP Code _____	_____	_____
Person's relationship to you _____	_____	_____

**Debtor 1** Ryan Allen Denham  
First Name Middle Name Last Name

Case number (*if known*) 18-02561

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No  
 Yes. Fill in the details.

Description and value of the property transferred		Date transfer was made
Name of trust _____		_____ _____ _____
_____ _____ _____		_____ _____ _____

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

**Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.**

- Yes Fill in the details

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<u>Small Business Bank</u>	<u>XXXX-5291</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>2017</u>	\$ <u>-98.00</u>
<u>13423 W 92nd Street</u>				
<u>Number Street</u>				
<u>Lenexa</u>	<u>KS</u>	<u>66030</u>		
<u>City</u>	<u>State</u>	<u>ZIP Code</u>		
<u>Name of Financial Institution</u>	<u>XXXX-</u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____		\$ _____
<u>Number Street</u>				
<u>City</u>	<u>State</u>	<u>ZIP Code</u>		
		<u>66030</u>		

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No  
 Yes. Fill in the details.

<b>Name of Financial Institution</b>	<b>Who else had access to it?</b>	<b>Describe the contents</b>	<b>Do you still have it?</b>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> No
<b>Number Street</b>	<b>Name</b>	<hr/>	<input checked="" type="checkbox"/> Yes
<hr/>	<hr/>	<hr/>	
<b>City</b>	<b>State</b>	<b>ZIP Code</b>	

Debtor 1 Ryan Allen Denham

First Name Middle Name Last Name

Case number (if known) 18-02561

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No  
 Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code		
City	State	ZIP Code

#### Part 9: Identify Property You Hold or Control for Someone Else

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- No  
 Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street	Number Street	
City State ZIP Code		
City	State	ZIP Code

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- No  
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	
City State ZIP Code		
City	State	ZIP Code

Debtor 1 Ryan Allen Denham

First Name Middle Name Last Name

Case number (if known) 18-02561

**25. Have you notified any governmental unit of any release of hazardous material?**

- No  
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
City	State ZIP Code	
City	State ZIP Code	

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No  
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____	Court Name _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
_____	Number Street	
Case number _____	City State ZIP Code	

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Xavier Industrial LLC	Describe the nature of the business
Business Name	Employer Identification number Do not include Social Security number or ITIN.
1001 E Jefferson Street	EIN: <u>461039118</u> _____
Number Street	Dates business existed
Tipton IN 46072	From _____ To _____
City State ZIP Code	Employer Identification number Do not include Social Security number or ITIN.
Business Name	EIN: <u>        </u> _____
Number Street	Dates business existed
City State ZIP Code	From _____ To _____

Mechanical Repair of Industrial Equipment
Name of accountant or bookkeeper
Self
Describe the nature of the business
Name of accountant or bookkeeper

From _____ To _____
Employer Identification number Do not include Social Security number or ITIN.
From _____ To _____
Employer Identification number Do not include Social Security number or ITIN.
From _____ To _____

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number 18-02561

Business Name  
Number Street  
City State ZIP Code

**Describe the nature of the business**

**Employer Identification number**  
 Do not include Social Security number or ITIN.

**Name of accountant or bookkeeper**

**EIN:** \_\_\_\_\_  
**Dates business existed**

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No

Yes. Fill in the details below.

**Date issued**

Name \_\_\_\_\_ MM / DD / YYYY  
Number Street  
City State ZIP Code

**Part 12: Sign Below**

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Signature of Debtor 1



Signature of Debtor 2

Date 04/23/2018

Date \_\_\_\_\_

**Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?**

No  
 Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

No  
 Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:		
Debtor 1	Ryan	Allen
	First Name	Middle Name
	Denham	
Debtor 2 (Spouse, if filing)		
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	<u>Southern District of Indiana</u>	
Case number (If known)	18-02561	

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

- For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: Vinod Gupta

Surrender the property.

No

Description of property securing debt: 1008 N Main Street  
Tipton, IN 46072

Retain the property and redeem it.  
 Retain the property and enter into a Reaffirmation Agreement.

Yes

Retain the property and [explain]: \_\_\_\_\_

Creditor's name: Rolland T. Long

Surrender the property.

No

Description of property securing debt: 524 E Walnut Street  
Kokomo, IN 46901

Retain the property and redeem it.  
 Retain the property and enter into a Reaffirmation Agreement.

Yes

Retain the property and [explain]: \_\_\_\_\_

Creditor's name: Sierra Auto Finance

Surrender the property.

No

Description of property securing debt: 2010 Infiniti QX56

Retain the property and redeem it.  
 Retain the property and enter into a Reaffirmation Agreement.

Yes

Retain the property and [explain]: \_\_\_\_\_

Creditor's name: Performance Finance

Surrender the property.

No

Description of property securing debt: 2017 Victory Octane

Retain the property and redeem it.  
 Retain the property and enter into a Reaffirmation Agreement.

Yes

Retain the property and [explain]: \_\_\_\_\_

Debtor 1 Ryan Allen Denham  
 First Name Middle Name Last Name

Case number (if known) 18-02561**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases****Will the lease be assumed?**

Lessor's name:

 No YesDescription of leased  
property:

Lessor's name:

 No YesDescription of leased  
property:**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.



X

Signature of Debtor 1

Signature of Debtor 2

Date 04/23/2018Date MM / DD / YYYY